



Factors for Completeness of Filling Informed Consent Form for Inpatient at Mitra Sejati Medan General Hospital in 2023

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ABSTRACT

The completeness of filling out the informed consent form is very important because it can affect the quality of medical records and legal aspects in the medical records themselves. This study aims to determine the factors that affect the completeness of the inpatient surgical patient's informed consent form at Mitra Sejati Medan General Hospital in 2023. The research method used is descriptive quantitative, which is to describe a situation objectively. The population of this study was an informed consent form for inpatient surgical cases (235) divided by 1+235 (precision rate/10%=0.1) resulting in a sample of 70. The sample of subjects in this study was 13 officers and for the object in this study 70 documents informed consent hospitalization. The type of data in this study is primary data obtained by distributing questionnaires and using checklist sheet observations. The results of the study were 71% complete, and 29% incomplete. The influencing factors are the officer's knowledge in the completeness of filling out the inpatient informed consent form illustrates that there are 7 people who show good knowledge, and there are 6 people who show poor knowledge.

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INTRODUCTION

According to [1] A medical record is a file that contains records and documents about the patient's identity, examination, treatment, actions and other services that have been provided to the patient. In inpatient medical records, there are very important medical record forms, especially sheets (informed consent).

Completeness of filling out informed consent is the completeness of the name and signature by the doctor and the patient's family. Description of the time and janis of action is also no less important in filling out the informed consent sheet, because this can explain when and what medical action was taken on the patient. The completeness of the content of informed consent must contain complete data, so that patients, doctors, and hospitals can prevent legal cases [2].

Informed Consent is medical approval given to the patient or the patient's family after getting a complete explanation of the medical or dental action to be carried out on the patient. Informed consent is the delivery of information from doctors, as well as other medical centers, to patients before a medical action is taken. This is important because each patient knows the benefits and risks of the action he will undergo [3].

An informed consent form is required to ensure that the patient understands and knows all the information needed to make an informed decision. Information or information that must be provided before a medical action is carried out is the diagnosis that has been established, the action taken, the benefits of the action. In the process the patient is entitled to sufficient information regarding the medical plan he will receive. The information will be provided by the doctor who will perform the procedure or other authorized medical personnel. [4].

Based on research [5] on Factors Causing Completeness of Informed Consent in Surgical Cases at Cilandak Marine Naval Hospital, it shows that from the results of the analysis of 145 informed consents in March and April there were 70 informed consents (42.8%) that were still incomplete and there were 75 informed consents (51.7%) that were complete. Incompleteness was more common in the content of information, namely in alternative items and the risk of 57 informed consent (39.3%).

The influencing factors include the limitations of doctors or nurses in work, lack of understanding of health workers about understanding the importance of informed consent.

Based on research [6] on Analysis of Factors Causing Completeness of Filling Informed Consent in Surgical Cases or Surgery in Hospitals In Indonesia, there is the highest number of completeness only at 91.28% and the lowest percentage of completeness is 51.7%. The factors causing the completeness of informed consent documentation are: limited time and busy doctors, understanding of health workers about the importance of informed consent and awareness of the responsibility of health workers in filling out informed consent, and SOPs have not been implemented optimally, and rewards and punishments have not been implemented.

Based on research [7] on Review of Factors Causing Completeness of Filling Informed Consent Form at Dr.H.Moch Ansari Saleh Hospital Banjarmasin showed the level of incompleteness in approval of medical procedures in the surgical room below 90% in May 31.7% and 36.6%. Informed consent form that does not meet national filling standards or standards at RSUD dr. H.Moch Ansari Saleh Banjarmasin, namely the information content component (completeness 18.2% and incomplete 81.7%) and patient authentication component (completeness with a percentage of 90.7% and incomplete 9.3%). This factor is because the doctor in charge did not fill out the informed consent form either the content or authentication of the patient. At the end of 2013 there was a case where an ob-gyn doctor was convicted for not filling out a complete informed consent form. At the end of 2013 there was a case where an ob-gyn doctor was convicted for not filling out a complete informed consent form. Written consent in the form of informed consent is absolutely necessary, considering that medical science is not an exact science, the success of medical action is not a certainty, but is influenced by several factors that vary from case to case [8].

A quality medical record is a medical record that is complete in its filling, accuracy, meets the requirements of legal aspects. One of the important forms contained in medical record documents is informed consent. Completeness (informed consent) is very important because it affects the legal aspects of medical records and the quality of medical records. Based on research [9] states that incomplete informed consent is not filled in completely, it will result in information in informed consent will be inaccurate and inaccurate, as well as a guarantee of legal certainty for patients, health workers and hospitals.

The factors causing the incompleteness of filling out informed consent are the limited time used by doctors to fill out informed consent, high workload of doctors, doctors and nurses who are busy due to the large number of patients so that they are not fully filled, and many patients do not have or bring witnesses / families when going to approve medical actions, this makes the factor incomplete filling of informed consent [11].

Based on an initial survey using observations at Mitra Sejati Hospital, in June 2023, there were 30 documents on inpatient informed consent, 22 documents were found to be filled in completely (73%) and 8 documents that were incomplete (27%). Based on the background above, the author is interested in conducting a study entitled "Factors for Completeness of Filling Based on an initial survey using observations at Mitra Sejati Hospital, in June 2023, there were 30 documents on inpatient informed consent, 22 documents were found to be filled in completely (73%) and 8 documents that were not filled in completely (27%).

METHOD

This research uses the type of research used in this study is a quantitative descriptive method. Descriptive quantitative is a research method carried out with the main aim of analyzing data by describing or describing variables as they are supported by data in the form of numbers produced about a situation objectively [10]. The population in this study was 13 officers, and medical record documents, especially *informed consent* forms, inpatient surgical cases in May, June and July, were 235 medical record documents, *informed consent forms*. The sample of subjects in this study officers were 13 people. The sample of objects in this study of medical record documents, especially *informed*

consent forms for inpatient surgical cases in May, June and July, amounted to 235. The sample technique in this study is to use *Simple Random Sampling* where every member of the population has the same opportunity to be used as a sample without distinguishing strata in any form [11].

The instrument used in this study is a questionnaire by giving written questions to respondents, and using observation sheets or direct observations in the field to find out an ongoing activity. Data collection techniques in this study use primary data obtained from research subjects through observation or direct data collection at the research location, secondary data where indirect sources provide data to data collection [12]. Data analysis in this study is a descriptive analysis technique. Descriptive data analysis techniques in this quantitative approach are in the form of the process of analyzing, describing summarizing data.

RESULTS AND DISCUSSION

Result

1. Man

Completion of the *Inpatient Informed Consent* Form at Mitra Sejati Medan General Hospital is carried out by officers at the hospital, such as nurses and staff, medical record employees then received by the assembling officer. All 13 officers were medical records officers.

Table 1. Frequency Distribution of Completeness of *Inpatient Informed Consent* Form Filling by Gender at Mitra Sejati Medan General Hospital

No	Gender	Frequency	Percentage (%)
1.	Man	5	38,5%
2.	Woman	8	61.5%
Total		13	100,0%

Based on table 1. Above it can be seen that the male sex is 5 people (38.5%), and the female sex is 8 people (61.5%).

Table 2. Frequency Distribution of Completeness of *Inpatient Informed Consent* Filling based on education at Mitra Sejati Medan General Hospital

No	Education	Frequency	Percentage (%)
1.	D3	10	76,9%
2.	S1	3	23,1%
Total		13	100,0%

Based on table 2. above it can be seen that respondents with D3 education as many as 10 medical record officers (76.9%), who with S1 education as many as 3 medical record officers (23.1%).

Table 3. Frequency Distribution of Completeness of *Inpatient Indormed Consent* Form Filling based on Age at Mitra Sejati Medan General Hospital

No	Age	Frequency	Percentage (%)
1.	21-27	9	69.2%
2.	28-34	4	30,8%
Total		13	100,0%

Based on table 3. Above it was obtained that the age of 21-27 as many as 9 medical record officers (69.2%) and the age of 28-34 as many as 4 medical record officers (30.8%).

Table 4. Frequency Distribution of Completeness of Inpatient *Indormed Consent* Form Filling based on Working Period at Mitra Sejati Medan General Hospital

No	Period of Service	Frequency	Percentage (%)
1.	1-5 Years	8	61,5%
2.	6-10 Years	5	38,5%
Total		13	100,0%

Based on table 4. Above, it was found that the service period of 1-5 years was 8 medical record officers (61.5%) and the service period of 6-10 years was 5 medical record officers (38.5%).

Table 5. Frequency Distribution of Completeness of Inpatient *Indormed Consent* Form Filling based on Knowledge at Mitra Sejati Medan General Hospital

No	Knowledge	Frequency	Percentage (%)
1.	Good	7	53,8%
2.	Less	6	46,2%
Total		13	100,0%

Based on table 5. On top of the knowledge of medical record officers in returning well-informed medical record files as many as 7 medical record officers (53.8%), and those with poor knowledge as many as 6 medical record officers (46.2%).

2. Material

The data on the completeness of hospitalization informed consent medical record files from May-July 2023 is 235 files, because there are too many files, researchers use the slovin formula to reduce the number of files. The results of the data summed in the slovin formula amounted to 70 files using checklist sheets (observations). That incomplete file amounted to 20 inpatient files and 50 complete inpatient files. The total result of the overall percentage of completeness of inpatient medical record files is 29% of inpatient medical record files.

3. Method

Based on the findings, incomplete medical record documents were still found, this was because the regulations that had been set were not implemented properly. Here is the frequency distribution:

Table 6. Frequency Distribution of *Inpatient Indormed Consent* Form Filling at Mitra Sejati General Hospital

ANALYSIS COMPONENTS		COMPLETENESS OF MEDICAL RECORDS			
		Complete	%	Incomplete	%
A. IDENTIFIKASI PASIEN					
1	No. RM	70	100	0	0
2	Name	48	68	22	32
3	Date of Birth/ Age	48	68	22	32
4	Gender	46	65	24	35
5	Address	44	62	26	38
Total		51	72	19	28
B. IMPORTANT REPORTS					
1	Diagnosa	51	72	19	28
2	Basis of Diagnosis	50	71	20	29
3	Medical Measures	50	71	20	29
4	Action Indications	52	74	18	26

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5	Ordinances	52	74	18	26
6	Purpose	50	71	20	29
7	Risk	52	74	18	26
8	Complications	50	71	20	29
9	Prognosis	51	72	19	28
10	Alternatives and Risks	48	68	22	32
Total		50	71	20	29
C. AUTHENTICATION					
1	DPJP Signature	46	65	24	35
2	Bright Name DPJP	45	64	25	36
3	Patient Signatures	52	74	18	29
4	Patient's Bright Name	50	71	20	29
5	Signature of Witness I	42	60	28	40
6	Name of Light Witness I	50	71	20	29
7	Signature of Witness II	24	34	46	66
8	Name of Light Witness II	42	60	28	40
Total		44	58	26	42
D. DOCUMENTATION					
1	No scribbles	51	72	19	28
2	No Ex-Type	70	100	0	0
Total		61	86	9	14

Based on table 6. above Completeness of Filling *Informed Consent* for Inpatient at Mitra Sejati General Hospital from 70 medical record documents that have been analyzed, the average percentage of completeness is 71% and the incomplete is 29%.

Table 7. Frequency Distribution of Completeness of Inpatient *Informed Consent* Form Filling at Mitra Sejati General Hospital

No	Medical Record Documents	Frequency	Percentage (%)
1.	Complete	50	71%
2.	Incomplete	20	29%
Total		70	100,0%

Based on table 7. above procedures and policies in Completeness of Filling Documents Medical Record *Informed Consnet* Inpatient at Mitra Sejati General Hospital. Inpatient informed consent medical record documents filled in 50 (71%) and incomplete 20 (29%).

Discussion

Medical Record Officer Knowledge

Based on the results of the study, it showed that the knowledge of medical record officers in returning medical record files was 7 medical record officers filling in informed consent (53.8%), and those with poor knowledge as many as 6 medical record officers filling in informed consent (46.2%). According to [13] knowledge is everything that is known based on human experience and education itself and knowledge will increase according to the process of experience experienced. The length of service of the medical record officer is: < 1 year, 1-3 years and > 3 years. According to research assumptions, well-informed medical records officers are higher than poorly informed medical records officers. Based on knowledge has something to do with experience or length of work and education. As health workers, they must have a better knowledge of the importance of filling out diagnoses and accurately returning medical record files. From this study, there is still a lack of medical record

personnel at the hospital.

Inpatient Medical Record File

Based on the results of the study, it showed that the inpatient medical record files amounted to 70 informed consent medical record files, 50 complete files and 20 incomplete inpatient medical record files. The completeness and filling of the informed consent file is very influential on the quality of medical records, because the quality of medical records is a reflection of whether or not the quality of service at the hospital is good. The main problem and obstacle in the implementation of medical records is that officers fill out informed consent medical record files, both in health care facilities and individual practices, so that the medical records made are incomplete, unclear and not appropriate waste. While medical records are very important in analyzing a case as the main accurate evidence tool [14].

According to the researchers' assumptions, the incompleteness of medical record files is more than the untimely ones. This should pay more attention to the complete filling or not of the medical record file in the return. The medical record file should be filled and completed after the patient receives hospital services. The preparation of medical records is carried out through recording and documenting the results of medical examinations, actions and other services provided to patients and each recording must be written the name, time and signature of the patient to fill in the patient's identity to provide health services directly.

Inpatient Medical Record File Return Procedure and Policy

Based on the results of the study, it shows that procedures and policies in the completeness of medical record files there are 50 medical records filled in complete and 20 medical records not filled in completely. According to [15] that SPO is a guideline or reference for carrying out work duties in accordance with the functions and performance assessment tools of government agencies based on technical, administrative and procedural indicators in accordance with work procedures, work procedures and work systems in the work unit concerned. In its implementation, SPO aims to provide a measure in assessing the quality of work or hospital services.

According to the researchers' assumptions, the implementation of procedures and policies in the less good returns is more than the good. The procedures that have been determined should be carried out by the hospital. Every hospital has a procedure regarding filling in the completeness of medical record files that each medical record file must be complete.

CONCLUSION

The officer's knowledge in the completeness of filling out the *hospitalization informed consent* form illustrates that there are 7 people showing good knowledge and there are 6 people showing poor knowledge. The inpatient *informed consent* form totaled 70 files, 50 completed files and 20 incomplete files. The implementation of medical record completeness regulations at Mitra Sejati Medan General Hospital already exists. It is expected to further increase knowledge in the field of medical records, especially for education to improve the quality of knowledge, especially in terms of medical records. It is hoped that officers will be more enthusiastic in checking the filling of the completeness of the informed consent medical record file.

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